

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005761

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 16

STATE FILE NUMBER

FILED FEB 25 1963

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perrin</u>		c. CITY OR TOWN <u>Perrin</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. J. D. Plattsburg, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>R. J. D. Plattsburg, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Leona</u> Middle <u>May</u> Last <u>Shackelford</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>19</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/31/1904</u>
9. AGE (last birthday) <u>58</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior Decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Gower, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.G.</u>	
13a. FATHER'S NAME <u>Ernest Mallon</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Sparks</u>	
14. NAME OF HUSBAND OR WIFE <u>W</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>W</u>		17. INFORMANT Address <u>Mrs. J. W. Robinson Plattsburg, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis Pulmonary</u> DUE TO (b) <u>Adenocarcinoma of Pancreas</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>6-7 mo</u> <u>1-1 1/2 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malnutrition and dehydration 2-4 wks</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>10-13-62</u> to <u>2-19-63</u> and last saw her alive on <u>2-18-63</u> Death occurred at <u>8:15 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John P. Mahoney M.D.</u>		22b. ADDRESS <u>Plattsburg, Mo.</u>	
22c. DATE SIGNED <u>2-20-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2/21/1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Gower</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Syon Funeral Home, Plattsburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-21-63</u>	
26. REGISTRAR'S SIGNATURE <u>Mary W Secore</u>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAR 22 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Darrell H. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.